

Labor & Delivery and Nursery Unit Guidelines to Prevent Hepatitis B Virus Transmission

Hepatitis B vaccine should be given to all newborns prior to discharge from the newborn nursery. That's the recommendation of the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists.

The following guidelines are CDC reviewed. Feel free to use them to help your hospital establish standing orders for preventing perinatal hepatitis B virus (HBV) transmission in your Labor & Delivery and Nursery Units.

Labor & Delivery Unit Guidelines

1. Upon admission, review the mother's HBsAg* lab report and place a copy of the test result onto (1) the labor and delivery record and (2) the infant's delivery record. You must examine a copy of the *original* lab report and not rely on the handwritten prenatal record due to the possibility of transcription error, misinterpretation of test results, or misordering of the test.
2. If the HBsAg result is not available, order the test ASAP.* Instruct the lab to call the nursery with the result ASAP.
3. Alert the nursery if the mother is HBsAg positive or if the mother's HBsAg result is unknown. These infants require immunoprophylaxis within 12 hours of birth with HepB vaccine. If the mother is HBsAg positive, give the infant HBIG as well.
4. If the woman's HBsAg test result is positive or unknown at the time of admission, notify her of the need to give immunoprophylaxis to her infant within 12 hours of birth.

Nursery Unit Guidelines

◆ Infants born to HBsAg-negative mothers

1. Give HepB vaccine (0.5 mL, IM) before discharge from the nursery.[§]
2. Give the mother an immunization record card that includes the HepB vaccination date. Remind the mother to bring this personal record card with her each time she brings her baby to the doctor or clinic.
3. Instruct the mother about the importance of her baby's completing the entire HepB vaccination series.
4. Make sure that the infant's hospital record clearly indicates the date of HepB vaccine administration and that the hospital record is *always* forwarded to the infant's primary care provider.

◆ Infants born to mothers with unknown HBsAg status

1. Give HepB vaccine (0.5 mL, IM) within 12 hours of birth.[§] *Do not wait for test results before giving vaccine.* (For infants weighing <2kg, see special recommendations in item 6 of this section.)
2. Give the mother an immunization record card noting HepB vaccine date and explain the need for further doses to complete the series.
3. Confirm that the lab has drawn a serum specimen from the mother for an HBsAg test, and verify when the result will be available and that it will be reported to the nursery ASAP. If the nursery does not receive the report at the expected time, call the lab for the result.
4. If the mother's HBsAg report comes back positive:
 - a. Give HBIG (0.5 mL, IM) to the infant ASAP and alert the mother's and infant's physician(s) of the test result. There is little benefit in giving HBIG if >7 days have elapsed since birth.
 - b. Follow instructions in the section **Infants born to HBsAg-positive mothers.**

5. If infant must be discharged before the HBsAg result is known:
 - a. Clearly document how to reach the parents (addresses, telephone numbers, emergency contacts) as well as the infant's primary care provider, in case further treatment is needed.
 - b. Notify the mother's and infant's doctor(s) that the HBsAg result is pending.
6. For infants weighing <2 kg, administer HepB vaccine *and* HBIG within 12 hours of birth. Do not count this as the first dose. Then initiate the full HepB vaccine series at 1–2 mos. of age.

◆ Infants born to HBsAg-positive mothers

1. Give HBIG (0.5 mL, IM) and HepB vaccine (0.5 mL, IM) at separate sites within 12 hours of birth.[§] (For infants weighing <2 kg, see special recommendations in item 7 of this section.)
2. Give the mother an immunization record card that includes the dates of the HepB vaccine and HBIG, and instruct her to bring this personal record card with her each time her baby sees a provider.
3. Encourage mothers inclined to breastfeed to do so, including immediately after delivery, even if the infant has not yet been vaccinated.
4. Provide the mother with educational and written materials regarding
 - a. the importance of having her baby complete the HepB vaccination schedule on time (1–2 and 6 mos. for monovalent vaccine; 2, 4, and 12–15 mos. for Comvax; or 2, 4, and 6 mos. for Pediarix);
 - b. the importance of postvaccination testing for the infant following the HepB series to assure immunity;
 - c. the mother's need for ongoing medical follow-up for her chronic HBV infection; and
 - d. the importance of testing household members for hepatitis B and then vaccinating if susceptible.
5. Notify your local or state health department that the infant has been born and has received postexposure prophylaxis (include dates of receipt of HBIG and HepB vaccine).
6. Obtain the name, address, and phone number of the infant's primary care clinic and doctor. Notify them of the infant's birth, the receipt of postexposure prophylaxis, and the importance of additional on-time vaccination and postvaccination testing.
7. For infants weighing <2 kg, administer HepB vaccine and HBIG within 12 hours of birth. Do not count this dose as the first dose. Then initiate the full HepB vaccine series at 1–2 mos. of age.

*Be sure you order the correct test—**hepatitis B surface antigen (HBsAg)**—for your patient. Do not confuse this test result with any of the following tests:

1. Anti-HBs or HBsAb = antibody to hepatitis B surface antigen
 2. Anti-HBc or HBcAb = antibody to hepatitis B core antigen
- Be sure you include a copy of the original lab report with the labor and delivery record and that a copy is placed in the newborn's chart.

[§]Federal law requires that you give parents a HepB Vaccine Information Statement (VIS) **prior** to vaccine administration. To obtain VISs, download them from IAC's website at: www.immunize.org/vis or call the CDC-Info Contact Center at (800) 232-4636 [(800) CDC-INFO] or call your state health department.